



APR 07 2005

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27038 7590 01/31/2005

**THERAVANCE, INC.**  
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Barbara Bryant	(Depositor's name)
<i>Barbara Bryant</i>	(Signature)
April 7, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/642,926	08/18/2003	Edmund J. Moran	P-128-US2	3656

TITLE OF INVENTION: ARYL ANILINE BETA2 ADRENERGIC RECEPTOR AGONISTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/02/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SEAMAN, D MARGARET M	1625	514-312000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 Roberta P. Saxon  
2 Jeffrey A. Hagenah  
3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

**Theravance, Inc.**

## (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

**South San Francisco, California USA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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## 5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

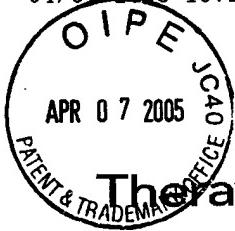
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Authorized Signature

*Roberta P. Saxon*Date **April 7, 2005**Typed or printed name **Roberta P. Saxon**Registration No. **43,087**

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Fax: Roberta P. Saxon, Reg. No. 43,087  
Patent Department

From: Theravance, Inc.

Company: 650-808-3764

Telephone: 650-808-6078

Fax: April 7, 2005

Date: # of pages: 3 (*including this page*)

Re: Payment of Issue Fee for U. S. Serial Number 10/642,926

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By: Barbara Bryant  
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